

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 17 September 2020.

++Please note that Members joined the meeting remotely ++

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MEMBERS PRESENT                      Councillor Keith Glazier (Chair)  
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Councillor Rebecca Whippy, Jessica Britton, Stuart Gallimore, Darrell Gale, John Routledge, Dr Adrian Bull, Julia Rudrum, Samantha Williams, and Samantha Allen

INVITED OBSERVERS PRESENT      Councillor Paul Barnett, Councillor John Barnes MBE, Councillor Johnny Denis, David Kemp and Becky Shaw

### 11      MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 14 JULY 2020

11.1    The minutes of the meeting held on 14<sup>th</sup> July 2020 were agreed as a correct record, subject to the removal of paragraph 8.3.

### 12      APOLOGIES FOR ABSENCE

12.1    Apologies were received from the following Members of the Board:

- Dr David Warden
- Sarah MacDonald
- Siobhan Melia

12.2    The following substitutions were made:

- Julia Rudrum substituted for Louise Ansari
- Samantha William substituted for Keith Hinkley
- Cllr Johnny Denis substituted for Cllr Zoe Nicholson
- David Kemp substituted for Mark Andrews

12.3    The Board thanked Dr Adrian Bull for his work in transforming East Sussex Healthcare NHS Trust (ESHT) since his arrival as Chief Executive and wished him well in his retirement.

### 13      DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

13.1    Cllr John Ungar declared a personal interest as a member of the Green Street Patient Participation Group.

### 14      URGENT ITEMS

14.1 There were no urgent items.

## 15 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - PROGRAMME UPDATE REPORT

15.1. The Board considered a report on the progress on work to implement a revised East Sussex Integration programme in 2020/21 resulting from the changes brought about by the COVID-19 pandemic.

15.2. The Board asked for clarity whether teenagers aged between 16 and 18 are treated by paediatric nursing teams in East Sussex or adult teams.

15.3. Adrian Bull, Chief Executive of ESHT, said that in the western part of East Sussex where Sussex Community NHS Foundation Trust (SCFT) are commissioned to provide diabetic services to children they stop at aged 16, whereas in other parts of East Sussex the service stops at 18. He said that work is ongoing to resolve this gap. More broadly, the issues of transition of services for people moving from children to adults is a key one that many systems face difficulties in getting it right. ESHT has a Transition Group chaired by Vicky Carruth, Director of Nursing, that is looking at the issue, and the Trust has appointed a dedicated transition nurse role to ensure better transition of care, particularly for children moving from the paediatric neurology, cardiology and diabetes services into the adult services. He added that whilst there may be a contracting gap in terms of whether the service provided is a child or adult service, the affected children will not be left unattended without care during this time.

15.4. The Board asked whether the potential ophthalmology project listed as part of the planned care programme would increase the capacity of the ophthalmology service and whether it would include a greater amount of community based ophthalmology services that save people having to attend a hospital.

15.5. Adrian Bull explained the ophthalmology project is Sussex-wide and involves developing better collaboration between high street opticians and the hospital-based services in order to improve capacity and enable more community-based reviews of people with these long term conditions, which are common amongst patients using the service. This is part of a wider approach ESHT is taking to streamline the monitoring of people with long term conditions, which also includes upgrading ICT systems to enable better monitoring of patients.

15.6. The Board RESOLVED to:

- 1) Note the progress made with producing a revised East Sussex health and social care integration programme, taking account of changes to our integrated working due to COVID-19; and
- 2) Note that detailed projects and metrics for the finalised programme will be worked up in the suggested areas to enable programme monitoring

## 16 PRESENTATION ON HEALTH AND SOCIAL CARE PROGRAMME KEY DEVELOPMENTS IN 2019/20

16.1. The Board considered a report and presentation providing an update on the key developments and progress in 2019/20 of the East Sussex Health and Social Care Plan (ESHSCP).

16.2. The Board asked about the financial performance of the ESHSCP and whether the financial incentives within the system now support co-operation rather than work against it.

16.3. Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, said broadly speaking the payment by results system has now been replaced by aligned incentive contracts. These contracts incentivise developing patient pathways throughout the health and care system, rather than encouraging acute hospitals to maximise the volume of health interventions they perform like a payment by results contract does. The financial framework for managing the collective resources of the organisations within the ESHSCP will build on existing framework agreements such as the Better Care Fund. This financial framework, however, will need to be reviewed in light of the impact of Covid-19 on the finances of the ESHSCP member organisations.

16.4. The Board asked how patients react moving from the six weeks of free social care they are entitled to into paid for care.

16.5. Adrian Bull said that as long as two funding models exist side by side, there will be some issues surfacing when someone transfers from free at the point of use NHS care to means tested social care. In his experience, however, the elderly patients tend to accept this arrangement and the issues are often around their children feuding over their inheritance rather than prioritising their parent's care. The process of integration between health and social care teams that deal with the discharge of patients from hospital or assessment beds has made this process much easier to manage and better for patients. He explained as a result of Covid-19 that the NHS is currently paying for the up to six weeks of care that patients are entitled to free of charge, and which is normally funded by local authority responsible for adult social care, to help ensure there are no delays in the discharge process in order to free up bed space to deal with Covid-19.

16.6. The Board asked about the involvement of primary care in the integration programme and the progress of improvement in primary care.

16.7. Jessica Britton said that Covid-19 had been a challenging time for the whole health and social care service, including primary care. Infection control measures put in place to continue operating safely during the pandemic mean people now access primary care in a different way, although people will be able to have a face to face appointment if clinically appropriate to do so. Adrian Bull said he thought telephone booking and consultations had improved significantly over the Covid-19 outbreak.

16.8. Jessica Britton said the performance of primary care varies across East Sussex due to the number of practices in the county. There is very good General Practice (GP) coverage in some areas and in other areas the CCG is working with practices to boost capacity. The whole of primary care is benefiting this year from additional national investment via the Primary Care Networks (PCNs) to recruit additional healthcare professionals to work alongside GPs, such as paramedics, physiotherapists and pharmacists. Jessica Britton offered to consider how best to demonstrate this integration with primary care in future updates to the Board.

16.9. Julia Rudrum, Lay Member of the CCG, added that she chaired the Primary Care Commissioning Committee where the strategy and delivery of primary care in the county is considered, including looking at the resilience of GP practices and identifying those that need further support. She said that primary care should be included in the ESHSCP outcomes framework to ensure that it shows performance across the whole health and care system. She emphasised that during Covid-19, primary care colleagues have been working hard to deliver their core contract as well as locally commissioned services such as supporting care homes.

16.10. Adrian Bull said ESHT is working with the PCNs to help train their pharmacists using the considerable pharmacist resources that the Trust possesses. First contact physiotherapists

employed by the PCNs may also be able to benefit from the podiatrist, physiotherapists and occupational therapists employed by ESHT.

16.11. The Board asked how the impact the ESHSCP has had could be demonstrated.

16.12. Adrian Bull said that the improvements made at ESHT absolutely depended on the relationships and joint working with the County Council and primary care colleagues formed through the ESHSCP. He advised that over the past four years the length of stay of patients at the hospitals has been halved and there was no doubt that a significant cause of that was the integrated care programme. Without this reduction, the Trust would have required an additional 100 beds over the winter period. This meant the Trust was able to make a significant financial improvement by reducing the amount of beds needed, whilst still containing the demand that the Trust had.

16.13. The Board asked about A&E attendance during the first wave of the pandemic.

16.14. Adrian Bull said that in the first three months of the pandemic, attendance at A&E halved due to fear of Covid-19. These were not all unnecessary attendances that could have been dealt with elsewhere and the presentation of more serious conditions such as stroke also reduced. Over the past few weeks, activity has increased and is now above pre-Covid levels at around 200 people per day at each site, at least a couple of times per week. The Trust cannot have crowded A&E departments due to the risk of Covid-19 so is now in the vanguard of the new NHS 111 First system. This involves the new NHS 111 Clinical Assessment Service (CAS) taking a call from patients and booking them into the A&E, if they need to go there, rather than wait in the A&E for several hours. This effectively moves the waiting room into people's homes. He clarified this would not apply to those with acute trauma, stroke or any other serious emergency condition.

16.15. The Board RESOLVED to note the report

## 17 SUSSEX HEALTH AND CARE PARTNERSHIP WINTER PLAN

17.1. The Board considered a report providing an update on the progress to date in relation to winter planning, outline next steps and timelines.

17.2. Adrian Bull clarified that the Trust had not yet signed off arrangements for its acute beds that will fully cover the level of demand there might be over winter, but further discussions were due to take place at the Local Accident and Emergency Delivery Board to ensure there is capacity to meet the expected levels of demand. He added that the expanded flu campaign and Covid-19 precautions will hopefully make sure flu and other winter diseases are less prevalent than normal. It is always difficult, however, to predict winter demand.

17.3. The Board asked whether there were plans to bring mothballed bed capacity back online to support discharges during Covid-19, in addition to Firwood House.

17.4. Adrian Bull said that ESHT did not have further spare capacity but during the Covid-19 period had brought back online 40 beds at the Bexhill Care Centre, for use as step-down intermediate bed capacity, which have remained open and will continue to do so over the winter period.

17.5. The Board RESOLVED to note the Winter Plan 2020/21.

## 18 EAST SUSSEX OUTBREAK CONTROL PLAN UPDATE

18.1. The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan (OCP).

18.2. The Board asked for an update on the study into why the Covid-19 outbreak was much lower in Hastings than elsewhere in the country.

18.3. Darrell Gale, Director of Public Health, said the University of Sussex study was progressing and the researcher, Steve Orchard, had been in contact recently with the Leader of Hastings Borough Council. He is expected to begin talking to others shortly about the data and qualitative information around why people believe that the rates in Hastings were so low, including the Chief Executive of ESHT. He said it was possible an interim findings could be provided in time for the December Board meeting, which will be included as part of the Outbreak Control Plan item.

18.4. The Board asked whether live music events should be added to the list of high risk places.

18.5. Darrell Gale said that the Public Health Team (PH) had been surprised as the speed at which people had begun setting up events and creating new types of events, such as drive through parties, teahouse lawns in Wealden area, and live music events on Hastings Pier. The PH works closely with the district and borough licensing and environmental health teams and expects that all of these events will have completed a risk assessment. He said, however, there is often a short turnaround to for the PH to respond to request for event licenses. There is also an existing Safety Advisory Group that manages events under normal circumstances, which is a multi-agency group with environmental health colleagues that approve larger events.

18.6. Darrell Gale advised that the PH would be able to prevent events going ahead where they posed a risk or were not exempt from the rule of six measures. He used the example of the public health team in Southampton recently managing to stop the Southampton Boat Show going ahead due to a rise in cases there. The Boat Show objected to the Secretary of State, who sided with the local authority.

18.7. He added that Bonfire night is a big night coming up and some bonfire societies have cancelled already. PH is working with the Lewes Bonfire Societies around which aspects can go ahead, for example, the honouring of the Martyrs.

18.8. The Board asked whether there have been discussions with care home agencies about assisting them with outbreaks.

18.9. Darrell Gale said that an inter-agency group meeting is held every week that includes ESHT, Public Health and Adult Social Care Department. This looks in detail at care homes, including communications with the care sector; any outbreaks emerging; and testing rates of staff and residents. Members of the group are also in regular contact with the sector.

18.10. The Board asked about the performance of test and trace and access to national data

18.11. Darrell Gale clarified that Test and Trace was a national NHS programme and not the responsibility of local authorities. He said the vast majority of problems are at a national scale and centre around lab capacity, which is preventing local testing going ahead. There had been instances recently where testing sites in East Sussex had gone almost a full day without seeing anyone because slots had not been released nationally onto the portal to due to the lack of lab capacity.

18.12. Darrell Gale said he is concerned that the responsibility for lack of capacity will be shouldered by the PH and he said he turned down a radio interview earlier in the week because

he was not prepared to field questions on behalf of the Department of Health and Social Care or the Test and Trace programme, who were both unavailable.

18.13. Darrell Gale said the Outbreak Plan relies on the PH having as complete data as possible and the current scenario means the Team is lacking data and is not in a position to positively predict Covid-19 positivity rates. This means the Team could miss an outbreak for a few days, or escalate concerns where they don't need to, which would erode the public's trust.

18.14. The Board asked about the availability of testing sites in East Sussex.

18.15. Darrell Gale said that even though the Amex was recently lost as a testing sites, there are enough swabs and enough testing sites on the ground to meet the demand of pillar 2 community testing. For example, there is:

- a regional testing site at Gatwick
- mobile testing sites that have visited Brighton, Eastbourne, and Uckfield.
- a satellite walk-in and drive-through testing site is opening soon in Bexhill.
- A satellite testing site has been identified at the Helenswood Academy site on the Ridge in Hastings
- A mobile test site location has been identified on Hastings seafront.

18.16. He said the Public Health team lobbied Government to be allowed to establish the mixed testing site at Bexhill and Hastings, as it better fits the mixture in East Sussex of rural hinterland where people drive and urban coastline where people tend to walk.

18.17. Darrell Gale clarified that further sites were being identified on top of these but they take an awful lot of work and relies on the East Sussex County Council Estates Team to identify potential sites alongside Deloitte, who confirms sites on behalf of the Test and Trace system.

18.18. The Board asked if there was a priority system in place for testing.

18.19. Darrell Gale confirmed that the priority system is set nationally and guidance was expected on how rationing will work for lab capacity as infection rates increase.

18.20. Adrian Bull added that there are hospital laboratories across Sussex for testing patients in hospitals, which is pillar 1 testing. This capacity is being increased, for example, a new machine has been installed in Eastbourne District General Hospital (EDGH) that can process 500-1,000 tests per day, which will bring the Sussex-wide capacity up to 3,000 per day.

18.21. Dr Bull said this system cannot be opened up to carry out pillar 2 community testing, as it would risk being swamped. The Trust, however, is making some of its capacity available to make up the national shortfall for certain priority groups until the lab capacity issue has been addressed. This includes:

- offering tests for the family members of NHS staff, who should be tested in the community but at the moment are waiting longer than they should for a test. This means NHS staff are having to self-isolate whilst a family member is isolating for displaying symptoms that may or may not be Covid-19.
- carrying out tests in care homes where there is a need for a specific investigation.
- Testing patients attending the hospital for elective surgery or investigation three days before they are admitted.

18.22. The Board asked how much infection rates had increased over the past month in East Sussex.

18.23. Darrell Gale said there has been a 167% increase nationally since August but in East Sussex there had been a very gradual increase since August. This was to be expected and was not too much of a concern due to the influx of tourists and Eat Out To Help Out schemes causing greater community transmission. He said over the past week and a half there had been short lived spikes locally relating to care homes with asymptomatic staff and residents, as well as a number of households of four and six infected. As figures were so low these small outbreaks created sudden spikes in infection rates. Contact tracing data has been used effectively to follow up these clusters.

18.24. The Board RESOLVED to:

- 1) approve the revised East Sussex Outbreak Control Plan (Appendix 1); and
- 2) agree to receive a report at its December 2020 meeting on further developments of the Plan, an update on the position in East Sussex in relation to Covid-19, and the interim findings of the University of Sussex study into the Covid-19 outbreak in Hastings (if available).

## 19 SUPPORT TO CARE HOMES AND COVID-19 IMPACT ON BLACK ASIAN MINORITY ETHNIC GROUPS

19.1. The Board considered a report providing information on the support provided to Care Homes during the Covid-19 crisis and work the local health and social care system are doing to support people from Black, Asian Minority Ethnic (BAME) staff working in the care sector.

19.2. The Board asked about whether care home agency staff are moving between care home settings despite the Covid-19 risk.

19.3. Samantha Williams, Assistant Director Strategy, Commissioning & Supply Management, explained that part of the conditions of receiving the recent infection control fund money was around restricting the movement of care staff between settings, which is often how agency staff tend to prefer to work. Care homes have been working hard to reduce this work pattern and have had success recently in recruiting additional permanent staff that has reduced the need for agency staff. A further £546 million has been announced today for infection control, which has been welcomed by the Care Home association.

19.4. The Board asked about the financial condition of the care sector.

19.5. Sam Williams explained that the Association of Directors of Adult Social Services (ADASS) is working with the London School of Economics to understand the outlook for the sector. East Sussex County Council is working locally with the Registered Care Association to look at the local picture in terms of rates and vacancy levels both before Covid-19 and what it looks like now. This will be across the whole market, not just those care homes that accept East Sussex County Council clients.

19.6. Julia Rudrum said that the NHS has a robust Sussex-wide programme on safeguarding staff and ensuring risk assessments are undertaken. A Locally commissioned service in primary care is also in place to review and safeguard BAME communities.

19.7. The Board RESOLVED to:

- 1) note the report; and

2) request that the Hastings Voluntary Action report on The Impact of COVID-19 on the BAME community living in Hastings & St Leonards-on-Sea is circulated for information.

20 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019-20

20.1 The Board considered a report containing the East Sussex Safeguarding Adults Board (SAB) Annual Report 2019/20.

20.2 The Board RESOLVED to note the report.

21 WORK PROGRAMME

21.1 The Board considered its work programme.

21.2 The Board RESOLVED to agree the work programme.

The meeting ended at 4.45 pm.

Councillor Keith Glazier (Chair)